

File

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
00-005

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
10-1-00

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1902 (r ) (2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY \$  
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Supplement 8b to Attachment 2.6-A, page 3.

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If applicable)  
  
Supplement 8b to Attachment 2.6-A, page 3.

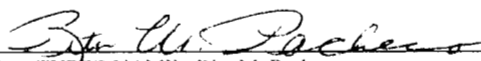
10. SUBJECT OF AMENDMENT: More Liberal Treatment of Resources

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Comments, if any, to follow.

11. SIGNATURE OF STATE AGENCY OFFICIAL:

  
12. TYPED NAME: Rita M. Pacheco

13. TITLE: Deputy Commissioner

14. DATE SUBMITTED:  
October 27, 2000

16. RETURN TO:

State of Connecticut  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Robert Augeri

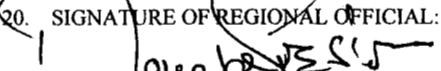
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: October 31, 2000

18. DATE APPROVED: January 29, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME:  
Ronald Preston

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

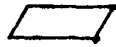
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902 (r) (2) OF THE ACT



Section 1902 (f) State



Non-Section 1902 (f) State

1902 (a) (10) (A) (ii) (XI) – Persons who receive only a state supplement payment under an approved optional state supplement program;

1905 (p) – Qualified Medicare Beneficiaries

1. An asset disregard is given to an individual who has purchased a Connecticut precertified long-term care insurance policy, or a long-term care insurance policy issued in another state that has entered into a reciprocal agreement with Connecticut pursuant to Section 17b-253(b) of the Connecticut General Statutes and such long-term care insurance policy is covered under the reciprocal agreement, that has paid for services covered under the policy.

Costs paid by Connecticut precertified long-term care insurance policies for home health services and for home and community-based services are used to calculate the amount of the asset disregard only if such services are provided in accordance with a plan of care approved by an Access Agency approved by the Office of Policy and Management and the Department of Social Services according to criteria established by the Department pursuant to the Connecticut General Statutes.

Services which the individual receives and are paid for by the Connecticut precertified long-term insurance policy must not be delivered by a member of the individual's family, unless:

- the family member is a regular employee of an organization which is providing the services; and
- the organization receives the payment for the services; and
- the family member receives no compensation other than the normal compensation for employees in his or her job category.

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TN No. 00-005

Supersedes

Approval Date 1-29-01

Effective Date 10-1-00

TN No. 96-004